Practice Pearls for 2006

Dallas Society of General Surgeons
March 28, 2006
Jocelyne Swayze-Carter, CPC

MedTeam
PRACTICE TRANSFORMATION TECHNOLOGY

Coding

Update your charge slips annually.

- ✓ Team approach
  - – Pain management example
- ✓ Transition period discontinued!
- ✓ New CPT, HCPCS and ICD-9 codes
- ✓ Changed definitions
- ✓ Deleted codes

Don't bill and appeal global procedures / supplies.

- ✓ Purpose of Correct Coding Initiative Edits
  - – ensure the most comprehensive codes are billed rather than the component parts
  - – ensure that only appropriate codes are grouped
  - – determine the maximum allowed number of services for each code
- ✓ http://www.cms.hhs.gov/physicians/cciedits/default.asp

Audit Evaluation and Management codes at least annually.

- ✓ Why?
  - – Consistently sloppy or outlier coding, billing and documentation attracts audits from payers.
    - - Claims are often suspended.
  - – Capture lost revenue
  - – Speed AR cycle
  - – Identify employee training issues
  - – Be familiar prior to any CMS audit

CMS Top 10 Billing Errors

October - December 2005

Top 10 Billing Errors	Occurrences
1. Duplicates	1,739,581
2. Non-Covered Services	295,086
3. Medical Necessity	282,711
4. Bundled Services	227,948
5. Beneficiary Eligibility	213,142
6. Incorrect Carrier	175,121
7. Medicare Secondary Payer (MSP)	101,118
8. Provider Eligibility	77,128
9. CLIA	35,957
10. Place of Service	24,694

Also…

✓OIG recommends baseline audit to enable practices to
– Judge progress
– Reduce areas of vulnerability
– Reduce denials
– Increase claims paid

CMS Audits

✓CMS instructs carriers to review claims
✓Audit Triggers
– Billing discrepancies among providers of the same specialty – same geographic location
– Prepayment reviews
  • ICD-9 vs. CPT
  • POS vs. CPT
  • Specialty to CPT

Probe Audit

✓ 20 to 40 claims
✓ Written notice to physician to provide all pertinent documentation
– All progress notes demonstrating patient's response to treatment
– Sign in sheets
– Physician credentials
– Lab and radiology reports
– Comprehensive problem list
– Current list of medications

CMS Action

✓CMS bases action on
– Past billing history
– Number of error claims
– Dollars paid inappropriately
✓CMS actions can include
– Education
– Repayment of money
– Suspension of Medicare assignment

Don't code Consults on all new patients.

✓What is a consult?
– Must be at request of another physician
– Report / opinion must be sent
– Consultant must be rendering an opinion not assumed to take over care
– Not patient second opinions

Use the Medicare Coverage Database.

✓ http://www.cms.hhs.gov/mcd/search.asp
– Labs
– Minor and Major Procedures
– Diagnostic Tests

Link ICD-9 and CPT codes.

- ✓ Get paid - first submission
- ✓ Reduce wasted human resources on unnecessary claims follow-up
- ✓ Support medical necessity
- ✓ Multiple services
- ✓ Example
  - – Multiple procedures same operative session
  - – Multiple trauma

Attend coding classes in your specialty.

- ✓ Increase revenue
- ✓ Maintain Medicare compliance
- ✓ For surgeons, "Oh what a difference a digit makes!"
  - – Modifiers

Managed Care

Develop systems to monitor and audit insurance contracts.

- ✓ Load fee schedules and then audit variances
- ✓ Require billing companies to provide detailed reports

Finalize fee negotiations first, then language.

- ✓ Obviously if you won't accept the fees, don't spend time negotiating language.

If you don't understand the language, ask someone who does.

- ✓ TMA, www.texmed.org
  - – Managed Care Contract Guide
- ✓ AMA, www.ama-assn.org
  - – AMA Model Managed Care Contract
  - – 15 Questions to Ask Before Signing a Managed Care Contract

Do you have a copy of your contract?

✓ How about a countersigned copy?

Does your payment poster(s) have copies of your fee schedules?

✓ Posters MUST know contract fee terms in order to be successful.
✓ Without them, how do you know what do adjust and what to appeal?
✓ When possible, load fees in practice management system.

Billing and Collections

How would you like a guarantee of payment?

✓ Verify, verify, verify…
✓ Investigate software electronic verification

Bookmark Online Provider Education Booklets.

✓ http://www.trailblazerhealth.com/partb/tx/books.asp

– Advance Beneficiary Notice
– CMS Quarterly Provider Updates
– Medicare's Link to E&M Documentation
– Medicare Secondary Payer (MSP)
– Modifier Overview
– Overpayments

Ensure Consults are billed with box 17 and 17a complete.

✓ UPIN Directory
✓ http://www.upinregistry.com/provider_form.asp
✓ Investigate software intelligence options

Don't be afraid to ask patients for money owed.

- ✓ Use scripts to train staff if necessary
- ✓ Set targets for employees
- ✓ Collect co-payments, co-insurance and deductibles BEFORE services are rendered

Do your referring physicians have your contracted health plans?

- ✓ Save staff time and hassle by creating a list, update it quarterly
- ✓ Hand deliver to offices, if possible. Holidays are a good time.

Don't waste paper, stamps and time.

- ✓ File claims electronically
- ✓ Correct errors on day 2, not day 45.

Code from highest to lowest RVU on multiple procedures.

- ✓ http://www.cms.hhs.gov/PhysicianFeeSched/PFSRVF/list.asp#TopOfPage
- ✓ Does your software sequence for you?
- ✓ Why sequence? Multiple Procedures Rule

Correct / Incorrect

Correct			Incorrect		
Proc 1	100% of $2000	$2000.00	Proc 2	100% of $1000	$1000.00
Proc 2	50% of $1000	1000.00	Proc 1	50% of $2000	1000.00
Proc 3	25% of $750	187.50	Proc 3	25%	187.50
Total		$3187.50	Total		$2187.50

Analyze your fee schedule.

- ✓ Ensure your fees are higher than your contract allowables!
- ✓ Example, pediatric practice CHARGING less than Medicare PAYS for 2 common, higher-dollar procedures

Staff must review electronic claims acceptance reports daily.

✓ Review claims acceptance reports online.
  – Don't wait for mailed correspondence and denials.
  – Speed time from charge entry to payment.
  – Stop error cycle by having responsible staff correct errors and re-submit.
  – Proof of timely filing

Adopt new technology.

✓ Electronic Medical Records (EMR)
  – Import lab results
  – Import surgical photos
  – Automate visit documentation
    • Great for post-op visits and nurse calls too
  – Decrease / eliminate transcription costs
  – Automate H&P's / Hospital orders and admissions paperwork
  – Reduce staffing costs
  – Improve documentation

Questions?

Download handout / links

www.medteam.net

jswayze@medteam.net